

<div style="display: inline-block; text-align: center;"><div>FORM 3 RCRA</div><div style="margin-left: 10px;"><div style="text-align: center;">HAZARDOUS WASTE PERMIT APPLICATION <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small></div></div></div>		I. EPA I.D. NUMBER <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">S F</div><div style="border: 1px solid black; padding: 2px;">C T</div><div style="border: 1px solid black; padding: 2px;">D 0</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">1</div><div style="border: 1px solid black; padding: 2px;">1</div><div style="border: 1px solid black; padding: 2px;">6</div><div style="border: 1px solid black; padding: 2px;">4</div><div style="border: 1px solid black; padding: 2px;">5</div><div style="border: 1px solid black; padding: 2px;">9</div><div style="border: 1px solid black; padding: 2px;">9</div><div style="border: 1px solid black; padding: 2px;">T/A 1</div><div style="border: 1px solid black; padding: 2px;">C 1</div></div>											
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FOR OFFICIAL USE ONLY													
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">APPLICATION APPROVED <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">24</div><div style="border: 1px solid black; padding: 2px;">25</div><div style="border: 1px solid black; padding: 2px;">26</div><div style="border: 1px solid black; padding: 2px;">27</div><div style="border: 1px solid black; padding: 2px;">28</div><div style="border: 1px solid black; padding: 2px;">29</div></div></div><div style="width: 60%;">DATE RECEIVED (yr., mo., & day) <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">1</div><div style="border: 1px solid black; padding: 2px;">2</div><div style="border: 1px solid black; padding: 2px;">3</div><div style="border: 1px solid black; padding: 2px;">4</div><div style="border: 1px solid black; padding: 2px;">5</div><div style="border: 1px solid black; padding: 2px;">6</div><div style="border: 1px solid black; padding: 2px;">7</div><div style="border: 1px solid black; padding: 2px;">8</div><div style="border: 1px solid black; padding: 2px;">9</div><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">11</div><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">13</div><div style="border: 1px solid black; padding: 2px;">14</div><div style="border: 1px solid black; padding: 2px;">15</div></div></div><div style="width: 10%;">COMMENTS</div></div>													
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">II. FIRST OR REVISED APPLICATION <p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.</p><div style="display: flex; justify-content: space-between;"><div style="width: 45%;">A. FIRST APPLICATION (place an "X" below and provide the appropriate date) <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">C 8</div><div style="border: 1px solid black; padding: 2px;">YR. 72</div><div style="border: 1px solid black; padding: 2px;">MO. 05</div><div style="border: 1px solid black; padding: 2px;">DAY 01</div></div><div style="margin-left: 10px;">FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</div></div></div><div style="width: 50%;"><input type="checkbox"/> 2. NEW FACILITY (Complete item below.) <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">YR. 73</div><div style="border: 1px solid black; padding: 2px;">MO. 74</div><div style="border: 1px solid black; padding: 2px;">DAY 75</div></div><div style="margin-left: 10px;">FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</div></div></div></div><div style="width: 5%;">71</div></div></div> <div style="width: 35%;">RDMS DocID 00100889</div>													

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
							1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
X-4	D	0	0	2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W	C	T	D	0	0	1	1	6	4	5	9	9	W	DUP													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26		
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
	23	24	25	26	27	28	29	30	31	32	27	28	29	30	27	28	29	30	27	28	29	30	27	28	29	30	
1	F	0	0	5	26				T		S	0	1														Stored for recovery.
2	D	0	0	7																							Included with above.
3																											
4																											
5																											
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	E	C	T	D	0	0	1	1	6	4	5	9	9	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	3	4	3	9	6
65	66	67	68	69	70	71

7	3	0	3	2	2	5
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	N/A	55	56	57	58	59	60	61	62	63	64	65
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3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	G	40	41	42	43	44	45	46	47	48	49	50
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IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

William P. Innes, Vice-President

William P. Innes

11/13/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

N/A